

ISSUE SLIP STAPLE AREA (For additional process references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gc		9/2/98
O.I.P.E. CLASSIFIER		10	10-1-98
FORMALITY REVIEW		10-8-98	

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - ..... Canceled  
 + ..... Restricted  
 N ..... Non-e  
 I ..... Interf.  
 A ..... Appeal  
 O ..... Objected

3-17-00

Claim	Final	Original	Date
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3-17-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Form PTO  
 (Rev. 10/97)

If more than 150 claims or 10 actions  
 staple additional sheet here

Claim		Date	
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51	51	11-16-22	
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Claim		Date	
Final	Original		
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Claim		Date	
Final	Original		
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100	100	11-16-22	

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(Through numerals)

Claim	Date	
	Final	Original
101	10/1	10/1
102	10/1	10/1
103	10/1	10/1
104	10/1	10/1
105	10/1	10/1
106	10/1	10/1
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148	10/1	10/1
149	10/1	10/1
150	10/1	10/1

Claim	Date	
	Final	Original
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152	10/1	10/1
153	10/1	10/1
154	10/1	10/1
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